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A STUDY OF SOCIAL WORKERS' AND PSYCHOLOGISTS' PERCEPTIONS OF THE ROLE OF THE SOCIAL WORKER

AN ABSTRACT OF A THESIS

SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR

THE DEGREE OF MASTER OF SOCIAL WORK

BY

LOZONA DOYLE TATE

SCHOOL OF SOCIAL WORK

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Today, many professions are involved in the treatment of the mental patient. The members of each profession work together to provide services to the patient, thus treatment becomes a team operation. The effective functioning of the team depends upon each member having accurate perceptions of his own role and the role of other team members. The Veterans Administration Hospital, Marion, Indiana, utilizes a multi-discipline approach in order to realize more adequately its basic objective--to train, treat, and care for its mentally ill residents. The primary and uppermost purpose of all employees and their activities is directed toward the care and treatment of the patient. At this hospital social workers and psychologists are considered two of the most important members of the team, it is essential then that the perceptions social workers and psychologists have of the role of the social worker be congruent.

This study was undertaken to discover what perceptions psychologists and social workers have of the role of the social worker at the Veterans Administration Hospital, Marion, Indiana. More specifically the study was designed to test the following hypothesis: Social workers and psychologists will have the same perceptions of what the role of the social worker is and should be.

The researcher utilized a questionnaire designed to find out what perceptions psychologists and social workers have of the role of the social worker at the hospital. This questionnaire was sent to each of the psychologists and social workers at the hospital. The data from these questionnaires was quantified and put into tables. In order to analyze the data a comparison of percentage differences was utilized.

This study was limited to the psychologists and social workers employed at the Veterans Administration Hospital, Marion, Indiana. The population consisted of thirteen social workers and five psychologists, however, data was collected from only twelve social workers because one of them did not fill out a part of the questionnaire.

An analysis and interpretation of the data revealed that:

(A) there was almost total agreement among social workers and psychologists that the social worker does and should perform twenty-one of the thirty-one functions contained in the questionnaire.

(B) there was significant differences between psychologists and social workers perceptions of whether the social worker does and should perform ten of the functions.

(C) in most instances there was no explicit written policy which delegated these ten functions to either the social worker or psychologist, indicating a possibility of conflict of roles as a result of hospital definitions.

(D) there is a need for the Social Service Department at the Veterans Administration Hospital, Marion, Indiana to clarify some of its duties and responsibilities.

(E) there is a need for a study of social workers'and psychologists' perceptions of the role of the psychologists at the Veterans Administration Hospital, Marion, Indiana.

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The deepest gratitude is expressed to her parents, Mr. and Mrs. Jesse Doyle, and her siblings for their continued encouragement, support, and prayers.

D E D I C A T I O N

This thesis is dedicated to my husband, Marlin, whose love, patience, encouragement, and support helped me to endure my course of study.

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CHAPTER I

INTRODUCTION

Frame of Reference

The frame of reference for this study was a study conducted by Tessie D. Berkman of the practice of social workers in psychiatric hospitals and clinics.[1] Below is a summary of what she found to be the casework activities rendered at each point in the treatment of the patient in the psychiatric hospital.

Pre-Admission and Admission

Berkman found that as a rule, casework services are not available during the period prior to the admission of the patient to the psychiatric hospital.

The Reception Period

During this period the social worker has two major responsibilities. First, casework services are directed at lessening the anxieties and fears in the patients and the relatives; this includes interpreting hospital procedures and giving various types of information useful in allaying the anxiety. The other major responsibility

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[1]Tessie D. Berkman. Practice of Social Workers in Psychiatric Hospitals and Clinics (New York: American Association of Psychiatric Social Workers, 1953), pp. 35-52.

of the social worker is that of securing the social history.

The Period of Hospital Treatment

The responsibilities of social workers during the period of treatment in the psychiatric hospital are grouped within two broad classifications. In the first is placed help concerned with the feelings, attitudes, or conflicts of the patient or relative. The second classification includes responsibilities stressing a tangible service. Within the first broad classification of services four categories of social work have been identified: (1) interpretation of the psychiatric illness of the patient, of its treatment, and of the problems and relationships growing out of the illness; (2) assistance with problems of family relationships: (3) supportive treatment; and (4) psychotherapy. Within the second classification, stressing tangible service, two categories are identified: (1) help with concrete, practical problems; and (2) interpretation of outside agencies and liaison with them.

Release

The nature of the assistance to the patient who is looking forward to his return to the community falls into three broad categories: (1) an objective evaluation of the situation to which the patient is about to return; this includes an evaluation of the physical environment as well as the attitudes of the patient's family, an examination of the prospects for employment, and an explanation of resources for meeting special needs of the patient; (2) assistance with the attitudes and feelings of patient and relative

activated by the imminent changes in the patient's situation; and (3) assistance with changes in the patient's social situation which would lead to a better adjustment outside the hospital.

A discussion of the social worker's role at the hospital the researcher studied will be given in chapter two. At the end of that chapter there will be a comparison of what Berkman found to be the role of the social worker and what the social worker's role at that hospital is.

Significance of the Study

Today, many professions are involved in the treatment of the mental patient. The members of each profession work together to provide services to the patient, thus treatment becomes a team operation. The effective functioning of the team depends upon each member having accurate perceptions of his own role and the role of others. The Veterans Administration Hospital, Marion, Indiana, utilizes a multi-discipline approach in order to realize more adequately its basic objective to train, treat, and care for its mentally ill residents. The primary and uppermost purpose of all employees and their activities is directed toward the care and treatment of the patient. At this hospital social workers and psychologists are considered two of the most important members of the team. If the treatment of the patient depends greatly upon the effective integration of the team, it is essential then that the perceptions social workers and psychologists have of the role of the social worker be congruent. It is therefore the concern of

this study to determine what perceptions social workers and psychologists have of the role of the social worker at the Veterans Administration Hospital, Marion, Indiana.

It was not too long ago in Western society that the primitive, a prior belief about the relation between mental aberration and the occult led to ostracism and abuse of the severely mentally disturbed. Gradual change toward humane treatment became evident when through the efforts of pioneers such as Pinel at the close of the 18th century deviant behavior began to be considered as mental illness. The problem of mental illness was at first dealt with through the provision of custodial care. Modern effective treatment procedures were unknown, and the interest and effort to pursue such knowledge were largely lacking. Insane asylums became the answer to the need of society to protect patients from themselves and society, and at the same time protect itself from patients.

Accordingly, building programs were expanded to house the large numbers of people who required institutionalization. These buildings were designed to serve primarily a custodial function. Where buildings were subdivided into wards, each ward had the same function as every other ward -- the retention and maintenance of its inmates. Some provision was made for taking care of the medical and physical needs of the patient, but because the outlook remained pessimistic and the major function custodial, little effort was made to promote mental health. The few activities were usually oriented toward the physical maintenance of the patient and the hospital plant.[1]

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[1]Beatrice A. Wright. Psychology and Rehabilitation (Washington, D. C.: American Psychological Association, 1959), p. 21.

The transition of the mental institution from the concept of an asylum to a mental hospital was accelerated by the advances made in chemical and somatic therapies. Restoration of the mental health of the patient increasingly became an important focus, and provisions for insulin, electric shock, and other physical therapies were made. The resulting specialization of function led to hospital reorganization that allowed for separation of patients according to particular treatment units; however, a large presumably untreatable mass of patients was still being managed through custodial care. The prevailing treatment for all patients, however remained essentially medically and individually oriented. There was little effort to expand psychotherapeutic and other rehabilitative procedures. To some extent, work, recreation, and social activities were included in the hospital program but mostly as diversions to keep the patient busy and to keep him from regressing. The focus of treatment was on pathology with very little awareness that life in the hospital itself, with its activities and interpersonal relations, was an indispensable part of the therapeutic process.

Even when treatment expanded to include psychological therapies, the procedure at first rested on the implicit notion that once the patient overcame his psychopathology, his adjustment to life in general could be taken for granted. The few hours of individual or group psychotherapy prescribed per day or week constituted the concept of treatment. The rest of the twenty-odd hours in a day played no role in the treatment program as such. They were filled by routines designed to keep the patient physically well, to keep

him occupied, and to maintain the plant.[1]

The modern concept of rehabilitation may be said to have come out of the shadows with the realization that if the patient was to learn better ways of getting along outside the hospital, the treatment plan could not be confined to the individual as separated from his ongoing relations inside the hospital and with persons from the outside. This meant, first of all, that life inside the hospital, particularly with respect to the kinds of social interactions and activities that give content to the struggling ego, must become an important part of the plan. The very nature of the existing treatment procedures and internal organization of the mental hospital had tended to further the initial loss of the psychotic disorganization that brought the patient to the hospital in the first place. The custodial function of ward life, for example, had fostered withdrawal, dependency, and apathy on the part of the patient and no amount of segmented treatment in the doctor's office could be a match for this insidious process.[2]

The now familiar, though by no means pervasive, notion of the hospital as a therapeutic community was truly a momentous advance in thinking. This concept emphasizes the importance of introducing, with the hospital experience, social situations with their satisfactions and stresses if the patient is to be provided an opportunity to try out his maturing social skills prior to leaving the hospital.

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[1]Ibid., p. 22.

[2]Ibid.

It stresses that the hospital must be considered a community in which the activities throughout the day are structured to provide the best possible relearning experiences for the patient. Such a program requires the coordinated efforts of all hospital personnel.

> The effective integration of the contributory efforts of all concerned strategically determines the kind of service ultimately rendered to the patient. This inter-relationship and integration of the cooperative effort is frequently referred to as the professional teamwork relationship.[1]

The social worker in the mental hospital is in most instances a part of a team consisting of psychiatrists, psychologists, and other personnel such as nurses and therapists. Each member of the team utilizes his special skills in the joint effort to understand and treat the patient. Since the treatment of the patient is a team function, the integration of the specialties of the team members is crucial.[2]

If this integration is to take place there must be meaningful communication among the professions. Harvey L. Smith states that:

> For such communication to take place with minimal distortion, the conceptions and expectations that each group has of the others must be mutually congruent, and, within limits accurate. Research on relations among professions has shown that this is not the case in hospitals. The conceptions that members of any given occupation held of the skills, tasks, and attitudes of other occupational groupings do not appear to be congruent, nor

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[1]Sylvia Goldsmith. "The Role of the Social Worker in An Observation Hospital," (Unpublished Master's Thesis, New York University School of Social Work, 1948), p. 5.

[2]Herbert Stroup. Social Work: An Introduction to the Field (New York: American Book Company, 1960), p. 261.

> do they appear to be accurate.... Ambiguities of role may especially be seen in the mental hospitals where the overlapping of skills among the professions is more extensive and where the designation of duties to specific professions is less precise than in the general hospital.[1]

Sylvia Goldsmith[2] lists five elements which she considers as indispensable to the effective effort of the team. These elements are: (1) common purpose; (2) plan; (3) competent personnel; (4) allocation of tasks; and (5) cooperation in the performance of duties leading to the fulfillment of the common purpose. Of these five elements, she considers cooperation to be the most important. She says:

> All of these points are without question important, but the point most closely allied to and inherent in the concept of the team relationship, is point five which concerns itself with cooperation, broadly defined as the act of working jointly with others to promote the same objective and attain the same end. In the process of working together, it is essential that each member of the team must know and perform his allocated function, and that the other members must be aware of the respective responsibilities of their co-workers. If this continuity of mutual knowledge and performance is not maintained, the smooth working arrangement of the team is disrupted.[3]

Herz[4] conducted a study of the perceptions of roles in a psychiatric service with a therapeutic community orientation. A 60-item

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[1]Harvey L. Smith. "The Major Aims and Organizational Characteristics of Mental Hospitals," The Patient and The Mental Hospital. Edited by Milton Greenblatt (Illinois: The Free Press, 1957), pp.5-6.

[2]Goldsmith, op. cit., p. 10.

[3]Ibid.

[4]Marvin L. Herz et al. "Problems of Role Definition in the Therapeutic Community," Archives of General Psychiatry, XIII (March, 1966), 270-276.

questionnaire was devised describing typical problem situations on the ward.[1] Each member of the ward community was asked to rate his perception of how likely patients, psychiatrists, nurses, social workers, and occupational therapists would be to handle each situation. Results of the study showed that there was some overlapping of professional roles, conflicts among groups in perception of some roles and functions, and practically no responsibility was assigned to patients.

Oviatt,[2] in discussing the program at the Fort Logan Mental Health Center, states that in the therapeutic milieu, staff are considered to be interchangeable in carrying out treatment services. Thus, there was considerable blurring or overlapping of roles of the various treatment personnel and a deemphasis on traditional role requirements. Interviews of staff members revealed that they all agreed that professional and personality conflicts were most sources of tension. For example, a staff member said, "The social worker finds that the nurse can do what a social worker does, this is a rude awakening."

Rushing,[3] in his study of power, conflict, and adaptation in a psychiatric hospital staff, found that there was a lack of consensus

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[1]This is a type of orientation which tries to achieve enduring in the patient's pattern of interpersonal relations by providing the necessary corrective experiences and by nourishing and expanding the healthy part of the patient.

[2]Barbara E. Oviatt. "Role Convergence in a Therapeutic Community," Journal of Fort Logan Mental Health Center,(January, 1964), 117-119.

[3]William A. Rushing. The Psychiatric Professions. (North Carolina: The University of North Carolina Press).

regarding the definition of the social workers' role. Social workers defined their role as that of casework treatment, but this was not wholly congruent with the psychiatrists' concept of their role. As a result, there was conflict between staff members and a general dissatisfaction among the social workers.

These studies indicate that members of the team often do not have the same conceptions of each other's roles. As a result, conflict arises and the team does not function effectively. In addition, Stanton and Schwartz in their study of institutional participation in psychiatric illness and treatment found that conflict among the staff impedes treatment of the patient, and also that sometimes particular symptoms shown by patients are related to staff disagreement.[1]

Evolution of the Problem

The researcher became concerned with how other professions perceived the function of the social worker during her first year as a social work student. During her first year field placement at a school the researcher observed that many of the teachers appeared not to know the role of the social worker in the school. At that time there was not, nor had there ever been a professional social worker on the staff; this may account for their lack of knowledge. Consequently the social work trainee was sometimes called

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[1]Schwartz, Morris S. and Stanton, Alfred H. The Mental Hospital (London: Tavistock Publications Limited, 1954), pp. 343-365.

upon to perform functions which she did not consider as part of her role. For example, she was sometimes asked to watch the class while the teacher went out of the room to perform some other duty.

During her second year field placement the researcher found that there was sometimes conflict between the social worker and members of the other professions. The researcher felt this was due to ambiguities in role definitions. When discussing a thesis proposal with the chief of social work service, the researcher was encouraged to conduct the present study.

Purpose of the Study

This study was undertaken to discover what perceptions psychologists and social workers have of the role of the social worker at the Veterans Administration Hospital, Marion, Indiana. More specifically, the study was designed to test the following null hypothesis:

> Social workers and psychologists will have the same perceptions of what the role of the social worker is and should be.

Methodology

The researcher utilized a questionnaire designed to find out what perceptions psychologists and social workers have of the role of the social worker at the hospital. Some of the questions were abstracted from Sylvia Goldsmith's study of "The Role of the Social Worker in an Observation Hospital," Other questions were constructed using as a guide Tessie D. Berkman's study of "The Practice of Social Workers in Psychiatric Hospitals and Clinics," and parts ten and twelve of the Veterans Administration Department of Medicine and Surgery Manual.

This questionnaire was sent to each psychologist and social worker at the hospital. The data from these questionnaires were quantified and put into tables. In order to analyze the data a comparison of percentag e differences was utilized.

Scope and Limitations of the Study

This study was limited to the psychologists and social workers employed at the Veterans Administration Hospital, Marion, Indiana. The population consisted of thirteen social workers and five psychologists, however data were collected from only twelve social workers because one of them did not respond to a part of the questionnaire. The population was limited to thirteen social workers and five psychologists because that was the total number of psychologists and social workers employed at the hospital.

CHAPTER II

THE SETTING

On July 23, 1888 President Grover Cleveland approved a bill which provided for the construction of a National Home for Disabled Volunteer Soldiers in the Marion area. The sum of $200,000 was appropriated to purchase the land and construct the buildings. The original plans called for construction of 16 barracks, each 200 by 60 feet, and a chapel, theater, memorial hall, administration quarters, hospital and gymnasium. Before the turn of the century, all the buildings called for in the original plans had been constructed.[1]

Because of the urgent need for additional facilities for mentally ill veterans, in 1921 the Marion Branch National Home for Disabled Volunteer Soldiers became a Neuro-Psychiatric Hospital. The name was then changed to the Marion National Sanitorium. Prior to this time the members of the home were free to come and go as they pleased. However, these conditions changed when the Home became a neuro-psychiatric hospital. Few passes were given to patients, locks were put on the front gate, and bars were placed on the windows.

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[1]Barbara A. Martin, "A Study of Discharged Veterans Residing in Foster Homes, (Unpublished Master's Thesis, School of Social Work, Atlanta University, 1965), p. 11.

"The Sanitorium adopted the philosophy of providing good custodial care for each patient.[1]

In 1930 the Veterans Administration was established. Since this agency was responsible for the administration of Veterans Hospitals, the official designation of this hospital was then changed to "Veterans Administration Hospital." In 1935 the hospital began to change its philosophy from that of custodial care to providing psychiatric care and treatment to the veteran. At this time a few of the wards were unlocked and some of the patients were given ground privileges.

The hospital grounds now comprise an area of approximately 210 acres, containing 100 buildings, 20 of which house patients.[2] The employees of the hospital are divided into various services and divisions under the direction of the Hospital Director, Assistant Director, and Chief of Staff. To assist the staff of medical personnel in providing the current complex medical services, the following professional services and divisions have been established:[3] Psychology Service, Physical Medicine and Rehabilitation Service,

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[1]Morris M. Jeff Jr. "An Assessment of Social Functioning in the Social Service Department, Veterans Administration Hospital, Marion, Indiana," (Unpublished Master's Thesis, School of Social Work, Atlanta University, 1963), p. 13.

[2]Veterans Administration Hospital, Marion, Indiana, Fact Sheet 29 (Revised January, 1966).

[3]See Organizational Chart, Appendix B.

Chaplain Service, Radiology Service, Pharmacy Service, Laboratory Service, Dental Service, Dietetic Service, Nursing Service, Medical Services; and Registrar Division, Engineering Division, Personnel Division, Supply Division, Fiscal Division, Housekeeping Division, Contact Division, and Centeen Service.

A modern surgical unit is maintained and available for those patients needing such treatment. A full program of activities is conducted as an important part of the treatment of patients under the guidance of the medical staff.[1]

> To provide patients with the highest caliber of treatment, all the modern methods of treating and caring for mental illness are utilized. Today the emphasis is on treatment and rehabilitation. Exit planning begins the moment the patient is admitted to the hospital.[2]

Function of the Social Worker

To determine the role concepts and present day policy, the researcher interviewed the chief of social work service. It was found that the Social Work Service Department at the Veterans Administration Hospital, Marion, Indiana is concerned with problem solving, and program planning and developing. The social worker's intent is to enable the patient to improve his functioning and enable him to return to the community, to develop community resources, and to help the community better understand mental illness.[3]

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[1]Harold Menefee. "A Study of Social Assessment At the Veterans Hospital, Marion, Indiana," (unpublished Master's Thesis, School of Social Work, Atlanta University, 1964), p. 11.

[2]Jeff, op. cit., p. 14.

[3]Interview with Abraham Zuckerman, Chief of Social Work Services, Veterans Administration Hospital, Marion, Jan. 16, 1967.

The social worker's functions are as follows:[1]

Intake

The social worker's responsibility at intake is to take admission summaries, which are used in diagnosing the patient's illness, and to help the family understand the nature and purpose of hospital treatment.

Treatment

The social worker's responsibility in treatment is to work with the patient, his family, and the community to create better opportunities for the patient to adjust to community living when he is released from the hospital. In addition, the social worker helps the family to understand the patient's illness, and when needed, helps them to utilize community resources through counseling and referral. In staff meetings (case staffings) the social worker expresses to the staff the needs of the patient by "conveying and communicating information."[2]

Discharge

The social worker prepares the patient and the family for release by working through any problems which might exist. He also provides follow-up services through trial visit.

Developing Programs

The social worker develops programs aimed at enabling the patient to improve his functioning. The emphasis is on work with

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[1] Ibid.

[2] Ibid.

the community, especially where it concerns the health, welfare, and social needs of the individual. It is the department's philosophy that the more resources that are developed, the better able the patient is to adjust to life in the community. In keeping with this philosophy, the social workers at this hospital were instrumental in the establishment of the Mental Health Clinic of Grant County. For the patients in the hospital, such programs as Companionship Therapy and Community Residence have been established.

Education of Hospital Personnel

The social worker participates in the education of hospital personnel. The education of hospital personnel is done formally and informally; formally by participating in all the hospital's training programs, and informally through the day to day relationship with other staff members. This education is concerned with the mission of the hospital.

The Veterans Administration's Department of Medicine and Surgery Manual states :[1]

Clinical social work plans for and carries out the following health-focused functions...

a. Joint planning with administrative and professional staff; participation in administrative and medical policy formulation and program planning of VA services to disabled veterans collectively and singly.

b. The practice of social work with individuals and with groups.

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[1]Veterans Administration, Department of Medicine and Surgery Manual, Part 12, "Program Guide: Social Work Service, August,1957, p. 5.

c. Giving social work consultation with regard to individuals and groups.

d. Education of social work staff and students, and participation in the educational programs of the medical and paramedical professions and allied personnel.

e. Utilization of the resources within community health and welfare agencies and organizations and of the services of volunteer groups and individuals.

f. Identification of gaps in community coverage of social and health needs as they affect veterans' well-being, and collaboration with community in developing social and health needs as they affect veterans' well-being, and collaboration with community in developing social and health programs that will reendorce the VA's program.

g. Social work research.

The manual gives the following examples of types of services grouped around the usual phases of the veteran's contact with the VA: The admission period, the period of psychiatric treatment, discharge planning, and aftercare.[1]

(1) Social workers during the admission period:

(a) study and evaluate the social and emotional component of the veteran's condition.

(b) make social studies for other departments in the VA and determine the necessity for social treatment measures.

(c) interpret to relatives the type of treatment programs available and strengthen their continued sense of responsibility for the patient and acceptance of his probable return to the home and community.

(d) assist a suspicious patient to accept admission or readmission to the hospital.

(e) gain insight into significant influences on the patient's health and rehabilitation exerted by

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[1]Ibid., pp. 19-23.

various persons in his environment in their emotional relationships to him and assist these key persons to forward the patient's recovery.

(f) bring social judgment to joint conferences with other medical staff as to the prospects and needs of seriously disabled veterans for reaching their best level of rehabilitation.

(2) Social workers during the period of treatment:

(a) assist the patient to work through personal problems affecting his health.

(b) increase the sense of adequacy on the part of the patient so he can more readily meet the demands of daily life.

(c) identify the meaning some form of treatment has for the patient, and his prejudices and fears around it and help him bring his concepts in closer harmony with the facts.

(d) help the patient avoid interruption to treatment by reducing the external or internal pressures impelling him to take that action.

(e) put patients, and their families in satisfactory touch with suitable community resources.

(f) gain understanding of the deeper significance certain events or situations have had for a veteran and the cause of the behavior that has resulted in the necessity for disciplinary action, and help plan with the veteran and staff what can be done to prevent its recurrence.

(g) observe the effects of the patient's cultural environment upon him and develop ways of increasing its positive aspects toward speeding recovery, maintaining health, and preventing undue disablement.

(3) Social workers during the period of planning for trial visit or discharge:

(a) help the patient and family deal with problems that may threaten achieved health gains.

(b) plan with the patient, family, or agencies for sustaining an advantageous environment following the patient's discharge.

(c) plan with the community for the patient's discharge; to broaden their understanding of mental illness and of the patient.

(d) participate in appraising the readiness of a patient for trial visit.

(e) estimate the readiness of family and community to receive a patient and help them become able to do so.

(f) find and evaluate the suitability of a home for a patient and help the persons in the home and community prepare for his trial visit.

(g) help the non-service-connected veteran plan in advance of discharge to secure the needed outpatient care.

(4) During aftercare the social workers:

(a) enable the patient on trial visit and the persons with whom he lives to cope with anxieties, pressures, irritations, and tensions that may exist.

(b) give support to persons with whom the veteran lives so they can continue to tolerate him in the home.

(c) extend the family's and community's perspective as to the returned patient's needs and keep their interest in forwarding the patient's adjustment.

(d) help to develop community resources to sustain the patient's health gains.

(e) consult with community agencies in their work with discharged patients.

Functions of the Psychologists

In an interview with the chief psychologist, it was found that the psychologists at the hospital perform the following functions:[1]

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[1]Interview with William Colley, Chief, Psychology Service, Veterans Administration Hospital, Marion, Indiana, January 13, 1967.

(A) Diagnosis - At the time of intake the psychologists determine the diagnosis for the patient's illness; testing is included in this area.

(B) Evaluation - After the patient has been in the hospital for a period of time, the psychologist determines the amount of improvement in the patient's functioning as compared with his f unctioning at the time of intake. He determines when the patient is ready to be released from the hospital, and under what conditions the patient may become seriously ill again and require rehospitalization.

(C) Work Therapy Program - The psychologist evaluates the patient's capabilities and work experiences. He evaluates the type of work experiences the patient can receive in the hospital which will meet his psychological skills, vocational skills, and subject him to the pressures he will normally find on a job. He also assists the patient in securing a job outside of the hospital and provides follow-up services to the veteran.

(D) Psychotherapy - In the area of treatment, the psychologist provides individual, group and milieu psychotherapy. Milieu therapy is concerned with the way the patient is handled on the ward, and what needs of the patient are met through the various activities he attends.

(E) Research

(F) Consultation

(G) Education and training

The above are typical roles and are exemplary of the role of the psychologist in other hospitals. In addition, the psychologists perform a role that is atypical. At this hospital, he may function in the capacity of a staff chairman. This is due to the fact that many of the staff physicians lack the necessary training in psychiatry.[1]

The Veterans Administration's Department of Medicine and Surgery Manual gives the following description of the duties and functions of psychological services.[2]

> Psychologists will develop and perform services, training, and research which contribute to the treatment and care of patient, to their adjustment within the treatment facilities, and to their sustained rehabilitation in the community. Such services will include prebed care and post bed care. The following psychological services will be integrated with each other and with the work of the other professional disciplines and community resources:
>
> (A) Assessment and Evaluation
>
> By using testing, interviewing, observation, rating scales, and other procedures, psychologists help to help such patient care issues as assessment of personality development and dynamics; evaluation of behavior disorders; appraisal of impairment in thinking, memory, and communication of the brain damaged; evaluation of speech disorders; determination of vocational skills, aptitudes and abilities; evaluation of potential for success in hospital and community rehabilitation plans and of response to the treatment program. Psychologists will also screen and answer referrals from all patient services.

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[1] Ibid.

[2] Veterans Administration, Department of Medicine and Surgery Manual, Part 10, "Psychiatry, Neurology and Psychology Service," (Washington, D. C.: April, 1965), pp. 62-66.

Psychologists may utilize their assessment techniques to assist Administrative Division. In addition, assessment procedures and techniques may be used to provide better understanding of therapeutic environments and community resources and attitudes.

(B) Behavior Modification

Psychologists will utilize and apply psychological principles to assist the patient to modify and change his behavior. Ways in which this may be accomplished include helping the patient to understand himself, to develop and accept his treatment program, to determine realistic rehabilitation goals, and to achieve his maximum level of functioning. Among the processes through which behavior modifications may be achieved are individual psychotherapy, individual counseling, group psychotherapy, group counseling, psychodrama, and milieu therapies.

(C) Therapeutic Programming

Psychologists will be responsible for contributing to the planning, developing, and initiating of therapeutic programs insofar as they involve the application of psychological principles to the total treatment setting and they may be assigned major responsibility in programs of this kind.

(D) Vocational Placement

Psychology will be responsible for vocational follow-up in the hospitals and in the community; assisting the patient in his adjustment on the job, in work with his employer, and in solving problems arising in training on the job.

(E) Education and Training

(F) Research

It can be seen from this description of the functions of the psychologists and social workers that there is some overlap in the roles of the two professions.

There was no conflict between what Berkman found to be the role of the social workers in psychiatric hospitals and what the

social worker's duties and responsibilities at this hospital is performing all of the activities Berkman mentioned. In addition, they have expanded their functions to include helping formulating the administrative and medical policy, and identifying gaps in community and helping communities to develop programs.

CHAPTER III

PRESENTATION OF DATA

The data for this study was collected from the psychologists and social workers at the Veterans Administration Hospital, Marion, Indiana. There are five psychologists and thirteen social workers on the hospital's staff. Each psychologist and social worker received a questionnaire; however, data was collected from only twelve social workers because one of them did not respond to a part of the questionnaire.

The psychologists studied were all males and each of them had a Doctors degree in Psychology. They range in age from thirty-seven years to fifty-three years. The length of time they had been employed at the hospital ranged from five to fourteen years; only one of them had previously worked in a psychiatric setting. Also only one indicated he had previously worked in a team relationship with a social worker. He stated, however, that the definition of the team was not the same as in a psychiatric setting.

The social workers ranged in age from twenty-five years to fifty-three years. Of the twelve social workers studied, four were females and eight were males. All of them had a Master's degree in Social Work. One of the social workers had been employed at the hospital six months, three a year and a half, two, two years and a half, two three years, one five years, one six years, one

seven years, and two nine years. Eight of them had previously worked in settings other than a psychiatric one, and only three had previously done social work in a psychiatric setting.

In analyzing attitudes certain inferences can be drawn regarding the team work relationship. Thus, there are factors which make for either agreement and the effective integration of the team, or disagreement and consequent negation of a good team work relationship. Where the social worker is doing a job which the psychologist knows and feels the social worker should be doing, this makes for a harmonious relationship between them. On the other hand, if the psychologists think the social worker should not perform a function, and the social worker does perform this function, this constitutes a latent cause for friction.

Where thepsychologist feels that the social worker should function, but indicates that he does not do so, and where the social worker actually does perform this activity, this constitutes a latent source for enhancement of the team work relationship. However, the mere fact that it is a latent asset does not detract from the point that it is currently not contributing to a good team work relationship.

Where the psychologist feels that the social worker should function, but indicates that he does not do so, and where the social worker actually does perform this activity, this constitutes a latent source for enhancement of the team work relationship. However, the mere fact that it is a latent asset does not detract from

the point that it is currently not contributing to a good team work relationship.

Where the psychologist feels that the social worker should take responsibility for action, but knows that the social worker does not, and the social worker actually does not, there is patent cause for disruption of the team effort. This is also true in those instances where psychologists feel the social worker should not take responsibility, is of the belief that he does, and the social worker does perform the undelegated responsibility.[1]

The social worker's feelings about the functions of the psychologists are just as important as psychologists feelings about the functions of the social workers. However, social workers perceptions of the role of the psychologist are outside the scope of the study, but this may be an area which someone would like to study.

In part B of the questionnaire there were thirty-one functions as to which the psychologists and social workers were asked to indicate whether they thought the social worker at that hospital does or does not perform and whether they thought the social worker should or should not perform. The data indicated there were ten functions in which there was total agreement by psychologists and social workers that the social worker does and should perform these functions. These functions were: (1) interpret hospital procedures to the family; (2) maintain a supportive relationship with the patient

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[1]Goldsmith, op. cit., p. 20.

while he is in the hospital; (3) assume responsibility for taking the social history; (4) contact other agencies when this contributes to the patient's treatment; (5) participate in appraising the readiness of a patient for discharge; (6) prepare the patient for his discharge to the community; (7) prepare the family for the patient's discharge; (8) plan and facilitate the patient's discharge to the community; (9) assist the patient and family in using community resources; and (10) help the trial visit patient and the family with whom he lives to cope with anxieties, pressures, and irritations.

In addition there were eleven functions in which there was eighty per cent or more agreement by psychologists and social workers that the social workers do and should perform. Each of the psychologists and all except one of the social workers felt the social worker does and should interpret hospital to the patient. The other social worker felt the social worker does not and should not perform this function. Also each of the psychologists and all except one of the social workers felt the social worker does and should assist the patient to modify and change his behavior, and help the family to modify detrimental attitudes toward the patient. The other social worker felt this is a function not performed by the social worker but that it should be.

Four of the psochologists and all of the social workers felt the social worker does and should interpret the meaning and implication of the patient's illness to his family. The remaining psychologist felt that the social worker does perform this function

but that he should not do so. In addition, four of the psychologists and each of the social workers felt the social worker does and should help the patient plan in advance of discharge to secure the needed out-patient care, while one psychologist felt the social worker does not perform this function but should.

Four psychologists and ten social workers felt the social worker does and should contribute to the planning, development, and initiation of the therapeutic programs. One of the psychologists felt the social worker does perform this function but should not; while two of the social workers felt they did not perform this function but should do so.

All of the psychologists and nine of the social workers felt the social worker does and should plan with the community for the patient's discharge. Three of the social workers felt the social worker does not but should perform this function. All of the psychologists and ten of the social workers felt the social worker should and does assist the patient in finding living accommodations. One social worker felt the social worker did not perform this function and should do so, and one felt the social worker does not perform this function and should not do so.

Four psychologists and nine social workers felt the social worker does and should develop community resources. One psychologist and three social workers felt the social worker does not perform this function but he should do so. Four psychologists and eight social workers felt the social worker does and should provide consultation to community agencies in their work with

discharged patients. One psychologist and four social workers felt the social worker does answer letters concerning the welfare of the patient. Four psychologists felt the social worker should answer these type letters while eight of the social workers indicated this as a should function.

The above data indicate the responses to twenty-one of the functions showed only a few disparities between what the social workers perceived as their role and what psychologists perceived as the role of the social worker. The responses to the other ten items showed significant differences in the psychologists' and social workers' perceptions of the social worker's role.

It appears that some of these disparities may exist because there is no explicit written policy regarding these functions. The Veterans Administration's Department of Medicine and Surgery Manual is a program guide which gives a general description of the social worker's and psychologist's duties and responsibilities. It also gives some examples of the types of services the social worker may render during each phase of the treatment program. Since the designation of duties is not precise this may lead to overlapping of functions and thus produce ambiguities of role.

The responses to the ten items in which there were significant differences between psychologists' and social workers' perceptions are presented in tabular form below. This information is organized to show the respective responses of social workers and psychologists. In addition, the written policy regarding each function is discussed.

Table 1 shows that four (eighty per cent) of the five psychologists and ten (eighty-three per cent) of the twelve social workers indicated the social worker interprets the meaning and implication of the illness to the patient. Whereas eleven (ninety-two per cent) of the social workers saw this as a "should" function, four (eighty per cent) of the psychologists indicated the social worker should not perform this function.

Table 2 indicates that eight (sixty-seven per cent) of the twelve social workers felt the social worker evaluates the patients' potential for success in the hospital while three (sixty per cent) of the five psychologists did not think the social worker performed this function. All of the social workers indicated this as a function which the social worker should perform whereas four of the five psychologists indicated the social worker should not perform this function.

TABLE 1

PERCEPTIONS OF THE SOCIAL WORKER'S ROLE IN INTERPRETING THE MEANING AND IMPLICATION OF ILLNESS TO PATIENT

Responses	Psychologists Number	Psychologists Percentage	Social Workers Number	Social Workers Percentage
Does	4	80	10	83
Does Not	1	20	2	17
Total	5	100	12	100
Should	1	20	11	92
Should Not	4	80	1	8
Total	5	100	12	100

TABLE 2

PERCEPTIONS OF THE SOCIAL WORKER'S ROLE IN THE EVALUATION OF PATIENT'S POTENTIAL FOR SUCCESS IN THE HOSPITAL AND RESPONSES TO THE TREATMENT PROGRAM

Responses	Psychologists		Social Workers	
	Number	Percentage	Number	Percentage
Does	2	40	8	67
Does Not	3	60	4	33
Total	5	100	12	100
Should	1	20	12	100
Should Not	4	80	0	
Total	5	100	12	100

Table 3 shows that three psychologists and ten social workers indicated that one of the social worker's functions is to evaluate the amount of improvement in the patient's functioning. All of the social workers indicated this as a function which should be performed by them while only one psychologist did so.

TABLE 3

PERCEPTIONS OF THE SOCIAL WORKER'S ROLE IN DETERMINING THE AMOUNT OF IMPROVEMENT IN THE PATIENT'S FUNCTIONING

Responses	Psychologists		Social Workers	
	Number	Percentage	Number	Percentage
Does	3	60	10	83
Does Not	2	40	2	17
Total	5	100	12	100
Should	1	20	12	100
Should Not	4	80	0	
Total	5	100	12	100

Table 4 shows that three psychologists (sixty per cent) and eleven social workers (ninety-two per cent) indicated the social workers determine under what conditions patients may become seriously ill again and require rehospitalization. Three of the psychologists felt the social worker should not perform this function while all of the social workers felt they should do so.

The three functions just discussed were conceived by the psychologists as a part of their own role in evaluation (see the chief psychologist's statement of the function of the psychologist on page 20). Also these functions as well as the first one discussed are implied or stated in the manual in parts A and B of

TABLE 4

PERCEPTIONS OF THE SOCIAL WORKER'S ROLE IN DETERMINING UNDER WHAT CONDITIONS PATIENTS MAY BECOME SERIOUSLY ILL AGAIN

	Psychologists		Social Workers	
Responses	Number	Percentage	Number	Percentage
Does	3	60	11	92
Does Not	2	40	1	8
Total	5	100	12	100
Should	2	40	12	100
Should Not	3	60	0	
Total	5	100	12	100

the description of the duties and functions of the psychologists. These are not stated as functions of the social worker, but some of these are implicit in some of the examples of types of services rendered by them. For instance, the manual states that during

the period of admission the social worker studies and evaluates the social and emotional component of the veteran's condition. Implicit in this function is the social worker's responsibility for determining under what conditions the patient may become seriously ill again, and for evaluating the patient's potential for success in the hospital.

Table 5 shows that four of the psychologists (eighty per cent) and all of the social workers indicated the social worker does evaluate the type to work experience the patient receives while he is in the hospital. Table 5 also shows that all of the psychologists and seven of the social workers indicated that this is a function which should not be performed by the social worker.

TABLE 5

PERCEPTIONS OF THE SOCIAL WORKER'S ROLE IN EVALUATING THE TYPE OF WORK EXPERIENCE PATIENT CAN RECEIVE WHILE HOSPITALIZED

Responses	Psychologists Number	Psychologists Percentage	Social Workers Number	Social Workers Percentage
Does	1	20	0	
Does Not	4	80	12	100
Total	5	100	12	100
Should	0		5	42
Should Not	5	100	7	58
Total	5	100	12	100

Table 6 indicates that four of the psychologists (eighty per cent) indicated the social worker assists the patient in finding

employment, while eight (sixty-seven per cent) of the social workers indicated they did not perform this function. Also four psychologists and eight social workers felt that this function should not be performed by the social workers.

Table 7 reveals that three of the five psychologists (sixty per cent) indicated the social worker does provide follow-up to assist the patient on the job, whereas eight social workers indicated they did not perform this function. Also four psychologists and eight social workers felt that this function should not be performed by the social workers.

TABLE 6

PERCEPTIONS OF THE SOCIAL WORKER'S ROLE IN ASSISTING THE PATIENT IN FINDING EMPLOYMENT

Response	Psychologists		Social Workers	
	Number	Percentage	Number	Percentage
Does	4	80	4	33
Does Not	1	20	8	67
Total	5	100	12	100
Should	1	20	4	33
Should Not	4	80	8	67
Total	5	100	12	100

The manual clearly delegates to the Counseling Psychologist the responsibility of assisting the patient in the area of employment; this includes job placement and the necessary follow-up. The social worker is assigned very limited, if any, responsibility

TABLE 7

PERCEPTIONS OF THE SOCIAL WORKER'S ROLE IN PROVIDING FOLLOW-UP TO ASSIST THE PATIENT ON THE JOB

Responses	Psychologists		Social Workers	
	Number	Percentage	Number	Percentage
Does	3	60	4	33
Does Not	2	40	8	67
Total	5	100	12	100
Should	2	40	5	42
Should Not	3	60	6	50
No Answer			1	8
Total	5	100	12	100

in this area. However, it appears that in actual practice some of them are also functioning in this area indicating a source for the disruption of the team effort and thus a hindrance to the effective integration of the team.

Table 8 shows that three of the five psychologists (sixty per cent) and six of the twelve social workers (fifty per cent) indicated the social worker does answer letters concerning passes and leaves of absence. Three psychologists felt the social worker should perform this function, while nine social workers felt this function should not be a function of the social worker.

An analysis of the manual does not reveal the social worker of psychologist as having any responsibility for writing letters to families concerning passes and leaves of absence or the welfare

TABLE 8

PERCEPTIONS OF THE SOCIAL WORKER'S ROLE IN ANSWERING LETTERS CONCERNING PASSES AND LEAVES OF ABSENCE

Responses	Psychologists		Social Worker	
	Number	Percentage	Number	Percentage
Does	3	60	6	50
Does Not	1	20	6	50
No Answer	1	20	0	
Total	5.	100	12	100
Should	3	60	3	25
Should Not	1	20	9	75
NNo Answer	1	20	0	
Total	5	100	12	100

of the patient. However this is a function which is performed by social workers as well as by other members of the staff. The researcher noted that the social workers verbally expressed their dissatisfaction with their role in this area; this appeared to be especially true of writing letter concerning passes and leaves of absence. As a result letters concerning passes and leaves of absence are beginning to be written by the clerical staff.

An analysis of Table 9 reveals that three psychologists (sixty per cent and eight social workers (sixty-seven per cent) believed that the social worker provides individual, group, and milieu psychotherapy to the patient. Table 10 also shows that

that all of the social workers believed that this was a function which should be performed by them while only two psychologists did so. This function is delegated to both the social worker and psychologist. It should be noted however that the manual states that social workers perform psychotherapy under the guidance of a psychiatrist but this limitation is not placed upon the psychologist.

TABLE 9

PERCEPTIONS OF THE SOCIAL WORKER'S ROLE IN PROVIDING INDIVIDUAL, GROUP, AND MILIEY PSYCHOTHERAPY

Responses	Psychologists		Social Workers	
	Number	Percentage	Number	Percentages
Does	3	60	8	67
Does Not	1	20	4	33
Not Answer	1	20	0	
Total	5	100	12	100
Should	2	40	12	100
Should Not	2	40	0	
Not Answer	1	20	0	
Total	5	100	12	100

Table 10 shows that four of the five psychologists (eighty per cent) and nine of the twelve social workers (seventy-five per cent) believed that the social workers do formulate the social diagnosis for the patient. Table 10 further reveals that all of the social workers felt that this was a function which should not

be performed by them, while only two of the psychologists did so. According to the manual this is a function which is designated to the social worker, but it is also implicit in the description of the psychologists' duties and responsibilities.

TABLE 10

PERCEPTIONS OF THE SOCIAL WORKER'S ROLE IN THE FORMU_ LATION OF THE SOCIAL DIAGNOSIS

Responses	Psychologists Number	Psychologists Percentage	Social Workers Number	Social Workers Percentages
Does	4	80	9	75
Does Not	1	20	3	25
Total	5	100	12	100
Should	2	40	12	100
SShould Not	3	60	0	
Total	5	100	12	100

The preceding ten tables indicate that there are several disparities between what social workers perceived as their role and what psychologists perceived as the role of the social worker. Of the thirty-one functions contained in the questionnaire, there was almost total agreement among social workers and psychologists that the social worker does and should perform twenty-one of these functions.

CHAPTER IV

SUMMARY AND CONCLUSIONS

This study was conducted at the Veterans Administration Hospital, Marion, Indiana. In this hospital an interdisciplinary team approach is used in the treatment of the patient. Social workers and psychologists are considered to be two of the most important members of this team. Since treatment is a team operation it is essential that the integration of the specialties of the team takes place. This means that each member must know and perform his allocated functions and that the other members must be aware of the respective responsibilities of their co-workers. With this in mind, this study was undertaken to discover what percept ions social workers and psychologists have of the role of the social worker at the Veterans Administration Hospital, Marion, Indiana. The study was designed to t est the following hypothesis: Social workers and psychologists will have the same perceptions of what the role of the social worker is and should be.

A questionnaire was constructed to elicit the needed data for testing this hypothesis. Some of the questions were abstracted from Sylvia Goldsmith's study of the "Role of the Social Worker in an Observation Hospital," other questions were constructed

with the use of Tessie D. Berkman's study of the "Practice of Social Workers in Psychiatric Hospitals and Clinics," and parts ten and twelve of the Veterans Administration Department of Medicine and Surgery Manual. This questionnaire was sent to the thirteen social workers and five psychologists on the hospital's staff, however data were collected and tabulated on only tweove social workers because one of them did not fill part of the questionnaire.

It was found that there was almost total agreement among social workers and psychologists that the social worker does and should perform twenty of the thirty-one functions mentioned in the questionnaire. These functions are as follows:

(1) Interpret hospital procedures to the family.

(2) Interpret hospital procedures to the patient.

(3) Interprets meaning and implication of patient's illness to the family.

(4) Contributes to the planning, development, and initiating of the therapeutic programs.

(5) Maintains a supportive relationship with patient in the hospital.

(6) Assists the patient to modify and change his behavior.

(7) Helps the family modify detrimental attitudes toward the patient.

(8) Has responsibility for taking the social history.

(9) Contacts other agencies when this contributes to the patients' treatment.

(10) Participates in appraising the readiness of a patient for discharge.

(11) Prepares the patient for his discharge to the community.

(12) Plans and facilitates discharge to the community.

(13) Prepares the family for patient's discharge.

(14) Plans with the community for patient's discharge.

(15) Helps the patient plan in advance of discharge to secure the needed out-patient care.

(16) Assists the patient in finding living accommodations.

(17) Assists the patient and family in using community resources.

(18) Helps the trial visit patient to cope with anxieties, pressures, and irritations, and does the same for the family with whom he lives.

(19) Develops community resources.

(20) Provides consultation to community agencies in their work with discharged patients.

(21) Answer letters concerning the welfare of the patient.

There are some disparities among social workers and psychologists concerning whether the social workdr does or does not perform the other ten functions and whether he should or should not perform these functions. It was found that in most instances there was no explicit written policy which delegated these responsibilities to either the social worker or psychologist. However these functions were implicit in the description of the duties and responsibilities of both the psychologists and social workers. This indicated a possibility of conflict of roles as a result of hospital definitions.

The ten functions in which there were significant differences between the perceptions of psychologists and social workers were:

(1) Interprets the meaning and implication of the patient's illness to the patient.

(2) Formulates the social diagnosis.

(3) Evaluates patient's potential for success in the hospital, and response to the treatment program.

(4) Determines the amount of improvement in the patient's functioning.

(5) Determines under what conditions patient may become seriously ill again and require rehospitalization.

(6) Provides individual, group, and milieu psychotherapy.

(7) Answers letters concerning passes and leaves of absence.

(8) Evaluates the type of work experience the patient can receive while in the hospital.

(9) Assists the patient in finding employment.

(10) Provides follow-up to assist the patient on the job.

The data tended to support the hypothesis in part, but in respect to the preceding ten functions it was not supported.

The data collected in this study indicated that there is a basis for improving the relationship between the social worker and psychologist at this hospital. Examination of the data in tables 1 through 10 shows that there are areas of disagreement among the social workers themselves. As shown in tables 2, 5, 6, 8, 9, and 10, social workers themselves either disagree on whether they do or do not perform these functions or on whether they should or should not perform these functions. If social workers do not have clear conceptions of their role, it cannot be expected than that other members of the team would fully be aware of the role of the social worker.

Since there is disagreement among social workers and psychologists concerning whether the social worker does or does not perform

certain functions, one can infer that the social worker does not perform these functions regularly or consistently enough for the psychologist to be aware that he is performing them. Another implication of this discrepancy in psychologists and social workers' perceptions of the social worker's role is that there is a lack of communication between the two groups.

An implication that was touched upon in this study but which needs further research is that agency policy contributes to the role conflict among social workers and psychologists. In addition, it would be interesting and helpful to discover what perceptions social workers have of the role of the psychologists. It is just as important for the social worker to be aware of the psychologists' role as it is for the psychologists to be aware of the social worker's role; therefore, the need for a study in this area is indicated.

It appears that there is a need for the Social Services Department at the Veterans Administration Hospital, Marion, Indiana to clarify some of its duties and responsibilities not only to other staff members, but among the social workers themselves. Two ways in which this may be done are through staff discussions and/or by formulating some type of written policy concerning only the social worker at this veterans hospital.

Perhaps some of the conflict is due to the status of social work as a profession. Social work is still a relatively new profession. Unlike medicine, law, and teaching, it is not a well-recognized and undisputed profession. "The status and role of social workers are not yet clearly understood or generally

accepted."[1]

Ernest Greenwood lists five elements which constitute the distinguishing attributes of a profession.[2] All professions seem to possess: (1) systematic theory, (2) authority, (3) community sanction, (4) ethical codes, and (5) a culture.

Greenwood states:[3]

> We must think of the occupations in a society as distributing themselves along a continuum... The occupations bunched at the professional pole of the continuum possess to a maximum degree the attributes of a profession. As we move away from this pole, the occupations possess the attributes to a decreasing degree. Thus in the less developed professions, social work among them, these attributes appear in a moderate degree.

As previously stated, one of the attributes of a profession is that the profession has a systematic body of theory. Since the early twenties social workers have been largely concerned with incorporating the insights of dynamic psychology into their theory and practice.

Herman D. Stein states:[4]

> One effect of our close alliance with the behavioral sciences: the problem of defining our (social workers)

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[1]Elizabeth A. Fergusen. Social Work: An Introduction (New York: J. B. Lippincott Company, 1963), p. 2.

[2]Ernest Greenwood, "Attributes of a Profession," Man, Work and Society Edited by Sigmund Noson (New York: Basic Books, 1962), p. 207.

[3]Ibid.

[4]Herman D. Stein, "Social Science in Social Work Practice and Education," Ego Psychology and Dynamic Casework, Edited by Howard J. Parad (New York: Family Service Association, 1958), p. 216.

> role as practitioners loomed large for many years. Today, however, the issues related to function are no longer uppermost. Although questions continue to rise, we (social workers) have succeeded to a large extent in establishing our role and have developed security in it.

Although issues related to functions are no longer uppermost, there is an indication that these issues are still important. This study and others such as those conducted by Rushing, Hertz, and Oviatt[1] indicates that there is a need for a more explicit definition of the social worker's role in the psychiatric setting. The need for further definitions of roles may also be evident in other settings where social work is an ancillary profession, However the researcher will not make this generalization since her study and the other studies mentioned were focused on the role of the social worker in a psychiatric setting.

Harvey L. Smith states that:[2]

> The professionalizing occupation may be involved in competition with other occupations, and this may lead to organizational strain within its working institutions. For example, one may look upon a hospital as a set of specified functions which are parceled out among the several occupations and professions concerned with the care of patients. In such a situation occupational mobility upward is achieved by taking over certain functions formerly limited to the next higher personnel category or by sloughing off certain unwanted or low-prestige functions to the next lower category, or both means may be used. The group among may resent the intrusion. The group below may resent taking over the unwanted or degraded tasks. Considerable tension may result.

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[1]These studies are discussed on pages 8 and 9.

[2]Harvey L. Smith. "Contingencies of Professional Differentiation," Man, Work, and Society. Edited by Sigmund Nosow (New York: Basic Books, Inc., 1962), p. 220.

It appears that the social workers and psychologists at this hospital may be in conflict for the very reasons stated above. In this study it was found that some social workers are functioning in the area of employment, an area previously limited to the Counseling Psychologist. This could be a source of conflict. It was also found that some social workers were discontented with their role in writing letters concerning passes and leaves of absence, and that this is a function which is being delegated to the clerical staff.

APPENDIX A

QUESTIONNAIRE

A. Personal Data

TO BE FILLED IN BY PSYCHOLOGIST ONLY

Present Position_____

Experience	Yes	No	Number of Years
a. Have you practiced in any setting other than a psychiatric hospital? If yes, specify_____	____	____	_____
b. If you answered yes to the above question, did you work in a team relationship with a social worker	____	____	_____
c. How long have you worked at this hospital?			_____
d. What graduate degrees do you have? _____			

TO BE FILLED IN BY SOCIAL WORKER ONLY

Present Position_____

Experience

a. other social work (not in a psychiatric setting)	____	____	____
b. Previous social work in a psychiatric setting	____	____	____
c. How long have you worked at this hospital?			____
d. What graduate degrees do you have? _____			

TO BE FILLED IN BY BOTH THE PSYCHOLOGIST AND THE SOCIAL WORKER

B. Please check whether you think the social worker at this hospital Does or Does Not perform each of the following functions and then check whether you think the social worker at this hospital Should or Should Not perform each of the following functions. There whould be two checks for each function.

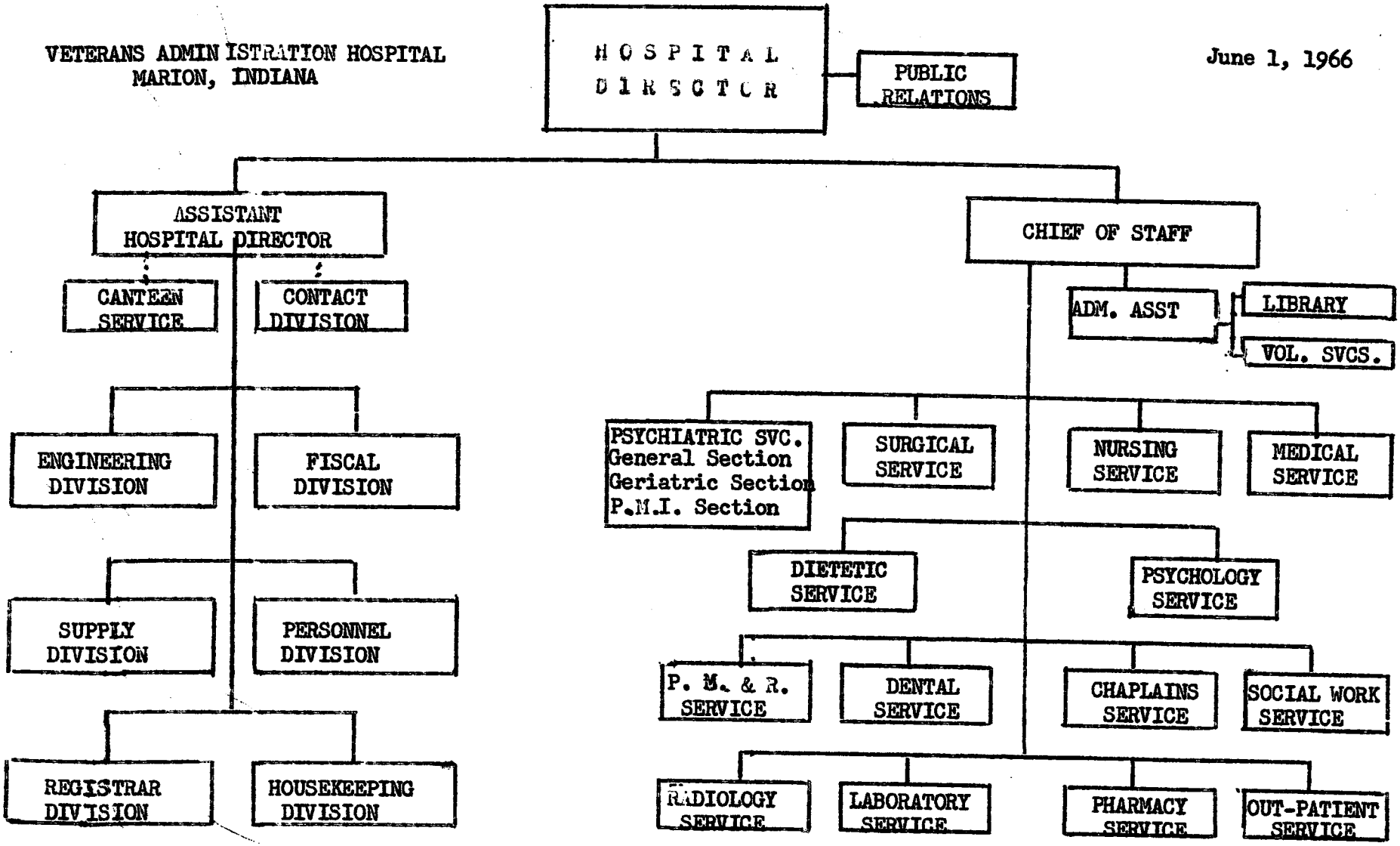
	DOES	DOES NOT	SHOULD	SHOULD NOT
1. Interpret hospital procedures to the patient.	____	_____	_____	_____
2. Interpret hospital procedures to the family	____	_____	_____	_____
3. Interpret meaning and implication of patient's illness to patient.	____	_____	_____	_____
4. Interpret meaning and implication of patient's illness to family.	____	_____	_____	_____
5. Formulate the social diagnosis showing the social and emotional problems and strengths, and identifying cause or mechanism behind them.	_____	_____	_____	_____
6. Evaluate patient's potential for success in the hospital, and response to the treatment programs.	_____	____	_____	_____
7. Contribute to the planning, development, and initiating of therapeutic programs.	_____	____	_____	_____
8. Maintain a supportive relationship with patient in the hospital	_____	____	_____	_____
9. Assist the patient to modify and change his behavior.	_____	____	_____	_____

		DOES	DOES NOT	SHOULD	SHOULD NOT
10.	Provide individual, group, and milieu psychology.	____	____	____	____
11.	Help the family modify detrimental attitudes toward the patient.	____	____	____	____
12.	Determine the amount of improvement in the patient's functioning.	____	____	____	____
13.	Have responsibility for taking the social history	____	____	____	____
14.	Contact other agencies when this contributes to the patient's treatment.	____	____	____	____
15.	Answer letters concerning passes and leaves of absence	____	____	____	____
16.	Answer letters concerning the welfare of the patient.	____	____	____	____
17.	Participate in appraising the readiness of a patient for discharge.	____	____	____	____
18.	Prepare the patient for his discharge to the community.	____	____	____	____
19.	Plan and facilitate discharge to the community.	____	____	____	____
20.	Prepare the family for patient's discharge.	____	____	____	____
21.	Plans with the community for patient's discharge.	____	____	____	____
22.	Help the patient plan in advance of discharge to secure the needed out-patient care.	____	____	____	____
23.	Determine under what conditions patient may become seriously ill again and require rehospitalization.	____	____	____	____

	DOES	DOES NOT	SHOULD	SHOULD NOT
24. Evaluate the type of work experience the patient can receive while in the hospital.	____	_____	_____	_____
25. Assist the patient in finding employment.	____	_____	_____	_____
26. Provide follow-up to assist the patient on the job	____	_____	_____	_____
27. Assist the patient in finding living accommodations	____	_____	_____	_____
28. Assist the patient and family in using community resources.	____	_____	_____	_____
29. Help the trial visit patient to cope with anxieties, pressures, and irritations, and does the same for the family with whom he lives.	____	_____	_____	_____
30. Develop community resources	____	_____	_____	_____
31. Provide consultation to community agencies in their work with discharged patients.	____	_____	_____	_____

VETERANS ADMINISTRATION HOSPITAL
MARION, INDIANA

June 1, 1966



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